93105

79103

California

DATE

DECLARATION - N n-Provisi nal Utility Pat nt Application

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled "Current Modulation-Based Communication from Slave Device," the specification of which:

| \boxtimes | ☑ is attached hereto OR | | | | | | | |
|--|--|---|--|--|---|--|--|---|
| | was filed on as United States Application Serial No or PCT International Application No and was amended on (if applicable). | | | | | | | |
| I he | reby state th | at I have related | eviewed and ι claims, as ame | ınderstaı ended by | nd the conte any amend | ents of the Iment(s) re | above eferred | e-identified d to above. |
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NOTE TO INVENTOR: Signature Must Copform Exactly to Name as Set Forth Above.

Santa Barbara

2808 Clinton Terrace

ADDRESS

INVENTOR'S SIGNATURE

Attorney Docket: BRI/018

POWER OF ATTORNEY

<u>SPECIAL DEVICES, INCORPORATED</u>, assignee of the entire right, title, and interest in the application for United States Letters Patent, entitled "Current Modulation-Based Communication from Slave Device," by , filed herewith and a copy of the assignment of which is attached hereto, does hereby appoint as attorney of record with full power of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, <u>Thomas J. Brindisi, Esq.</u>, Reg. No. <u>40,348</u>.

| Send Correspondence to: | 20 28 th Place, Suite B | Direct Telephone Calls to: (310) 439-2901 |
|-------------------------------|------------------------------------|---|
| ιο. | Venice, California 90291 | Fax: (310) 439-2902 |

I, the undersigned declare that, as an officer of the assignee, I am authorized to make this appointment on behalf of the assignee and I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| Full Name of Assignee: Special Devices, Incorporated | | | | | | | |
|--|---|--------------|--|--|--|--|--|
| Post Office Address: | 4370 White Sage Road, Moorpark, California 93021 | | | | | | |
| Signature of Declarant : | | Date: 7/9/03 | | | | | |
| Full Name of Declarant Andrew Bonas | | | | | | | |
| Title of Declarant: | ice President of Engineering, Special Devices, Inc. | | | | | | |
| Address of Declarant: | 4370 White Sage Road, Moorpark, California 93021 | | | | | | |